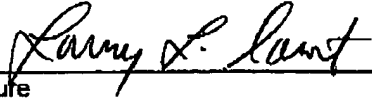

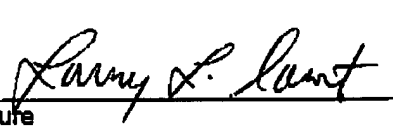



TRANSMITTAL FORM				Application Number		09/901,804	
				Filing Date		July 10, 2001	
				First Named Inventor		Michael Robert Smialek	
				Art Unit		2163	
				Examiner Name		Uyen T. Le	
Total Number of Pages in This Submission				11		Attorney Docket Number	
						086328-9004	
ENCLOSURES (check all that apply)				PETITION FOR EXTENSION OF TIME			
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final - 9 pages <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input checked="" type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$60.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
CLAIMS FEES							
<input type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	15	-	20	=0	x 25=	\$0	x 50=
Independent	3	-	3	=0	x 100=	\$0	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$0	+ 360=
FEES							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input type="checkbox"/> Extension fee for one-month						\$0.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
TOTAL FEES						\$0.00	
PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is attached for this purpose.							
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00. A duplicate copy of this transmittal is attached for this purpose.							
SIGNATURE OF ATTORNEY							
Larry L. Saret, Reg. No. 27,674 MICHAEL BEST & FRIEDRICH LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature			
				Date: September 12, 2005			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature							
				Date: September 12, 2005			

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<input type="checkbox"/> No additional claim fee is required.					
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	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	
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Total	15	-	20	=0	x 25= \$0
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<input type="checkbox"/> First Presentation of Multiple Claim					+ 180= \$0
FEES					
<input type="checkbox"/> Additional Claim Fee					\$0.00
<input type="checkbox"/> Extension fee for one-month					\$0.00
<input type="checkbox"/> Information Disclosure Statement					\$0.00
<input type="checkbox"/> Surcharge for Missing Parts -- Declaration					\$0.00
<input type="checkbox"/> Terminal Disclaimer					\$0.00
TOTAL FEES					\$0.00
PAYMENT OF FEES					
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Typed or printed name		Elizabeth M. Campbell Tressler			
Signature					Date: September 12, 2005

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IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/901,804
Confirmation No. : 7915
Inventor : Michael Robert Smialek

Filed : July 10, 2001
Title : "UNIVERSAL DATA EDITOR"

TC/A.U. : 2163
Examiner : Uyen T. Le

Docket No. : 086328-9004

I, Elizabeth M. Campbell Tressler, hereby certify
that this correspondence is being facsimile
transmitted to the USPTO, facsimile number (571)
273-8300, on the date shown below.

Elizabeth M. Campbell Tressler
Signature

September 12, 2005
Date of Signature

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Via Facsimile Transmission (571) 273-8300
Mail Stop: Amendment
Commissioner for Patents

Sir:

In response to the Office Action mailed June 15, 2005 in connection with the above-identified patent application (the "Pending Application"), the following amendments and remarks are hereby submitted.

Amendments to the Claims begin on page 2.

Remarks begin on page 7.

Conclusion begins on page 9 of this paper.